

0492087

ARREST / NOTICE TO APPEAR

1. Arrest
2. N.T.A.3. Request for Warrant
4. Request for Capias

1

JUVENILE

3317

NK

OBTS Number		Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A. only) 9 4 2017-0018143	
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Business Name, Address		If Weapon Seized Enter Type Hands/feet/teeth	
Location of Arrest (Including Name of Business)		Date of Arrest 09/24/2017		Time of Arrest 23:51		Booking Date 09/25/2017	
						Booking Time 00:01	
						Jail Date	
						Location of Vehicle	
						Alias (Name, DOB, Soc. Sec. #, Etc.)	
Name (Last, First, Middle) AUGUST, CHRISTINE LYNN		Sex W		Date of Birth 03/18/1992		Height 5'04 Weight 110	
Race W - White B - Black		Marital Status S		Eye Color HAZEL		Hair Color BLOND OR	
Religion		Complexion FAIR		Build Thin			
Scars, Tattoos, Unique Physical Features (Location, Type, Description)		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 2111 BRANDYWINE RD 438, WEST PALM BEACH, FL 33409		(City) (State) (Zip)		Phone (558) 415-0268		Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number) 2111 BRANDYWINE RD 438, WEST PALM BEACH, FL 33409		(City) (State) (Zip)		Phone (558) 415-0268		Address Source VERBAL	
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation	
D/L Number, State A223112925980/		Soc. Sec. Number		Place of Birth (City, State) PALM BEACH		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Name (Last, First, Middle)						Residence Phone	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian						Business Phone	
Address (Street, Apt. Number)		(City)					
Notified by: (Name)							
Released To: (Name)		Relationship		Date		Time	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.						School Attended	
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No:						Grade	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other	
Charge Description BATTERY - BATTERY (SIMPLE)		Offense # 2017-0018143		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Drug Activity		Drug Type		Amount / Unit		Warrant / Capias Number	
N		/				Statute Violation Number 784.03(1)A1	
Charge Description		Offense #		Counts		Domestic Violence	
Drug Activity		Drug Type		Amount / Unit		<input type="checkbox"/> Y <input type="checkbox"/> N	
/		/				Warrant / Capias Number	
Charge Description		Offense #		Counts		Domestic Violence	
Drug Activity		Drug Type		Amount / Unit		<input type="checkbox"/> Y <input type="checkbox"/> N	
/		/				Warrant / Capias Number	
Health / Apparent Physical Condition of Defendant						Any knowledge of the following:	
Check which applies:		<input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries	
Transported By						Explain:	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Released To	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						Date Signed 2017 SEP 25	
Signature of Defendant (or Juvenile and Parent/Custodian)		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Name Verification (Printed by Arrestee)	
HOLD for Other Agency		Name of Arresting Officer (Print) GOLDBERGER, DANIELLE		I.D. # 02074		(PRINT) SEP 25 AM 2005	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Transporting Officer GOLDBERGER		Agency WEST	
Intake Deputy CP1 Honer/7206		Pouch #		I.D. # 2077		Witness here if subject is minor NO	
<input type="checkbox"/> COURT <input type="checkbox"/> STATE ATTORNEY		<input type="checkbox"/> AGENCY		<input type="checkbox"/> CENTRAL RECORDS		<input type="checkbox"/> JAIL	
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DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Date / Time 09/24/2017 23:56		Palm Beach County		
Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2017-0018143	
Name (Last, First, Middle) AUGUST, CHRISTINE LYNN		Alias		
Charge Description 784.03(1) BATTERY - BATTERY (SIMPLE)		Race Sex Date of Birth W F 03/18/1992		
Victim's Name (Last, First, Middle)				
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source				
Business Address (Name, Street) (City) (State) (Zip) Phone Occupation				
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): VISABLE INJURIES		
VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
RELATIONSHIP BETWEEN VICTIM & SUSPECT BOY				
ADDITIONAL INFORMATION	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	Victim: <input checked="" type="checkbox"/> <input type="checkbox"/>			
	911 CALL: <input type="checkbox"/> <input checked="" type="checkbox"/>	CALLER:		
	WEAPON USED: <input type="checkbox"/> <input type="checkbox"/>	TYPE:		
	WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/>	(If YES, attach witness list)		
	INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/>			
	MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/>	PARAMEDICS:		
	AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
	Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/>			
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/>	NAMES/AGES:		
H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/>				
VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/>				
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/>	CASE #:			
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> <input type="checkbox"/>				
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/>				
NARRATIVE On 09/24/2017 I responded to [REDACTED] in reference to a disturbance. Upon arriving on scene I was advised by defendant Christine August that she and [REDACTED] had a physical altercation prior to my arrival. The altercation stemmed from them arguing over past and present drug activity. I was advised by [REDACTED] that Christine sued her hands in a closed fist and hit him multiple times on				
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. Signature of Arresting Officer <i>[Signature]</i> 20th 2017 Sworn to and subscribed to before me this _____ day of _____ 2017 Notary Public / Clerk of Court / Officer (F.S.S. 117.10) <i>[Signature]</i>				

STATE OF FLORIDA
COUNTY OF PALM BEACH
I, known to me, who, being first duly sworn, says that the facts above, based upon my

Appeared before me, _____
investigation, are true.

NAME OF ARRESTING OFFICER

Sworn to and subscribed to before me this 11 day of

NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S.S. 117.10)

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A
3. Request for Warrant
4. Request for Capias

1

JUVENILE

OBTS Number		Agency ORI Number		Agency Name		Agency Report Number		Special Notes:		
A D M I N		FL 0500800		WEST PALM BEACH POLICE		9 4 2017-0018143				
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Alias		Race	Sex	Date of Birth
D E F		Name (Last, First, Middle)		AUGUST, CHRISTINE LYNN				W	F	03/18/1992
C H A R G E S		Charge Description		Charge Description						
V I C T I M		Charge Description		Charge Description						
P R O B A B L E C A U S E S T A T E M E N T		Victim's Name (Last, First, Middle)		(City) (State) (Zip)		Phone		Address Source		
Local Address (Street, Apt. Number)										
Business Address (Name, Street)		(City) (State) (Zip)		Phone				Occupation		
<p>The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody ...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>25</u> day of <u>September</u>, <u>2017</u> at <u>00:27</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 09/24/2017 I responded to [REDACTED] in reference to a disturbance. Upon arriving on scene I was advised by defendant Christine August that she and [REDACTED] had a physical altercation prior to my arrival. The altercation stemmed from them arguing over past and present drug activity. [REDACTED] advised me that he and August were at Duffy's on the 800 Blk of Village Blvd when they had a verbal argument. I was further advised that August left the restaurant in her vehicle, leaving [REDACTED] behind to walk home. Upon both being at [REDACTED] the verbal argument continued and escalated to a physical altercation. I was advised by [REDACTED] that August attacked [REDACTED] by using her hands in a closed fist manner and punched [REDACTED] on the left side of his face multiple times causing obvious swelling. [REDACTED] further stated that she continued to attack him by scratching at his face and neck. I observed what appeared to be redness and scratch marks to the left side of [REDACTED]'s neck. [REDACTED] further stated that she used her keys and punched his back that caused a small abrasion to his right shoulder blade.</p> <p>NOTARIZED</p> <p>SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (S.S. 117.10) DATE: 09/25/17</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GOLDBERGER, DANIELLE (02074) NAME OF OFFICER (PLEASE PRINT) 09/25/2017 DATE SCANNED SEP 25 CRIME ANALYSIS</p>										

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes.

- **Homicide** (Ch 782)

- **Sexual Offense** (Ch. 794)

- **Attempted Murder**

- **Attempted Sexual Offense**

- **Stalking** (S. 784.048)

- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #. 17-18143 Agency: WPBPD
Offense: Simple Battery
Suspect/Offender: August, Christine
D.O.B. 03/18/1992 Race: W Sex: F

2. Warrant #(s) _____

3. Complete one (1) of the following:

a. Victim's name: _____
Address: _____
City: _____
Home: _____

b. Victim's next of kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify).

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

SCANNED

SEP 25 2017

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: D. GOLDBERGER I.D.: 2074 Date: 9/24/17

SUSPECT/OFFENDER: August, Christine
COURT CASE/WARRANT#
(FOR WARRANTS USE ONLY)